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# Birth of a very low birth weight preterm infant and the intention to breastfeed 'naturally'

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**Summary** An interpretive phenomenological study involving 17 Australian parents was undertaken to explore parents' experiences of breastfeeding very low birth weight (VLBW) preterm infants from birth to 12 months of age. Data were collected from 45 individual interviews held with both mothers and fathers, which were then transcribed verbatim and analysed using thematic analysis. From this study, the analysis identified the following themes: the intention to breastfeed naturally; breast milk as connection; the maternal role of breast milk producer; breastmilk as the object of attention; breastfeeding and parenting the hospitalised baby and the demise of breastfeeding. The discussion presented here presents the theme of the intention to breastfeed 'naturally'.

This study found that all of the participant women decided to breastfeed well before the preterm birth, and despite the birth of a VLBW preterm infant continued to expect the breastfeeding experience to be normal despite the difference of the postpartum experience. It is without doubt that for these parents the pro-breastfeeding rhetoric is powerfully influential and thus successful in promoting breastfeeding. Furthermore, all participants expected breastfeeding to be 'natural' and satisfying. There is disparity between parents' expectations of breastfeeding 'naturally' and the commonplace reality of long-term breast expression and uncertain at-breast feeding outcomes. How the parents came to make the decision to breastfeed their unborn child – including the situations and experiences that have influenced their decision making – and how the preterm birth and the dominant cultures subsequently affected that decision will be discussed. The findings have implications for midwifery education and maternity care professionals who support parents making feeding decisions early in pregnancy and those striving to breastfeed preterm infants.

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## Introduction

Breastfeeding the newborn is the norm in contemporary Australian society for at least the first few weeks after birth.<sup>1,2</sup> Indeed a recent report stated 87% of infants

commenced breastfeeding.<sup>3</sup> The benefits of breast milk for both term and preterm infants are well documented.<sup>4–7</sup> Studies have shown an inverse relationship between infant gestation at birth and duration of breastfeeding and therefore breastfeeding rates for preterm infants are lower than the general population.<sup>8–10</sup>

The decision to breastfeed is one area that has been well studied for the general population of pregnant women. Research has shown that most women decide upon the method of feeding they intend to use for their unborn child before pregnancy or during the first trimester.<sup>8,11–16</sup> Well designed and implemented studies have shown that women who choose to breastfeed are most often older, of white race,<sup>a</sup> married, better educated, of lower parity, from higher social class and more likely to have been breastfed themselves as infants.<sup>14,17–23</sup> Alternatively, women who choose to formula feed are more likely to be younger, unmarried, less educated, of black race (see footnote a) and initially more likely to have suffered an adverse reaction to pregnancy.<sup>17–19,23</sup> Research has shown that when a woman chooses to breastfeed, she does so because she is aware of its benefits.<sup>12,24–27</sup> While women who choose to artificially feed their infant do not believe that artificial formula has any unique benefits or is better, they have been shown to talk about negative perceptions of breastfeeding and/or why they could not breastfeed.<sup>16,17,26</sup>

Few studies have investigated whether women change their minds regarding feeding decisions following a preterm birth. Kaufman and Hall<sup>28</sup> investigated the feeding choice of 125 women following preterm birth and found 'all but a few' of the mothers stayed with their first decision about a feeding method. The actual figure they found is unknown to the reader. Jaeger et al.<sup>29</sup> showed that eight of 44 mothers in their study changed their intended method of feeding following preterm birth. They reported that while only 31 women intended to exclusively breastfeed their newborn, all women provided some breast milk for their preterm infant during hospitalisation—albeit only briefly for some. The reasons mothers gave for changing to breastfeeding focused on their baby's vulnerability and the extra benefits that breastfeeding offered.<sup>29</sup> In contrast, Lucas et al.<sup>18</sup> found birth weight and gestational age to have no influence on mother's feeding preference to provide breast milk and that hospital staff are unlikely to influence a woman's choice to provide breast milk for her preterm infant. This small body of literature suggests that preterm birth alone is not a significant reason for women not to attempt breastfeeding their preterm infants and may in fact encourage some to breastfeed when they intended to formula feed antenatally. However, the research studies and reports are lacking clear evidence of the real impact that the preterm birth variable and subsequent encouragement from health professionals has on feeding intent and are reported more as incidental findings. Furthermore, the reasons why these women chose to breastfeed are not shown.

Much of the knowledge of breastfeeding is nutritionally and statistically based at a biological level,<sup>30</sup> while recent research on breastfeeding has a health education emphasis and focuses on encouraging more mothers to breastfeed.<sup>31</sup> Contemporary medical, nursing and public health discourses represent breastfeeding as vital to infant development and

mother—infant bonding.<sup>32</sup> However, breastfeeding is a bio-cultural phenomena—it is not only a biological process, but also a culturally determined behaviour,<sup>33</sup> and, as such, nurses and midwives need to gain a broader understanding of the breastfeeding experience. More specifically for parents of preterm infants, it is imperative that research is undertaken to gain a deeper understanding of what these parents are experiencing in order to help them in their efforts to choose, achieve and sustain breastfeeding.<sup>34</sup> (p. 7)

## Method

The broad aim of this study was to provide a detailed, consumer focused account of the experiences of parents breastfeeding VLBW preterm infants, which will contribute to evidence-based midwifery practice and promote and protect breastfeeding for the preterm population. This study explores the meanings, perceptions, understandings, experiences and care practices related to breastfeeding preterm infants from the perspective of the parents themselves.

Interpretive phenomenology, a qualitative research approach that systematically investigates people's lives, experiences, understandings and perceptions of what it means to be human, was used to conduct this longitudinal research. This approach advances our knowledge by increasing our understanding of participants' lived experience.<sup>35</sup> It does not fragment the breastfeeding experience as a separate entity but, rather, treats it as connected, inseparable aspect of these families' lives at the given time. This study was conducted in an Australian metropolitan hospital during 1999 as a supervised doctoral research study. Ethical approval was gained from the both the Hospital and University ethics committees and all local and national research guidelines pertaining to informed consent, participant confidentiality and anonymity were adhered to.

Parents identified as intending to breastfeed their pre-term VLBW infant(s) were approached by the researcher within 1 week of the birth. Parents were excluded from selection if they did not speak English; if their infant had a congenital abnormality likely to affect feeding; or if their infant was considered gravely ill by the attending neonatologist. There were 10 mothers and seven fathers who consented and participated in the study.

The generation of data occurred through 45 semi-structured individual interviews conducted in private interview rooms, the parents own homes or over the telephone as chosen by the participant. Three interviews were scheduled with each participant; at 2–3 weeks after birth, 8–10 weeks post-birth and 12 months post-birth. Some parents chose not to complete all three interviews and two families were not contactable for the final interview. All completed interviews were included in the analysis. No interview schedule was applied, but rather a spider map of keywords was used. Every effort was made to allow the participants to share their own stories in their own way, proceeding on their own terms while describing their own experience. The questions posed during the interviews revolved around the topics of conversations as directed by the participants. When the conversation waned, the spider map helped to bring up new ideas and areas for further discussion. To enable spontaneity of discussion, interviews were audio-tape recorded, then transcribed verbatim. Transcripts were analysed using thematic analysis outlined by

<sup>a</sup> Gabriel et al.'s<sup>17</sup> term.

Benner<sup>35</sup> which sought to highlight and explore the narrated experiences, perceptions, salient events, discursive patterns and changes over time articulated by the participants. Data and analysis management were enhanced through the use of N-Vivo—a computer program designed for qualitative data.

Interpretive phenomenology acknowledges that research is necessarily a researcher's interpretation of participants' articulated experiences. This study includes a relatively small number of participants and a relatively narrow group of white, Anglo-Australian heterosexual men and women, and thus interpretations presented cannot be automatically generalised to the broader breastfeeding population.

## Results

The analysis of the 45 interviews identified six core themes, these being: the intention to breastfeed naturally; breast milk as connection; the maternal role of breast milk producer; breastmilk as the object of attention; breastfeeding and parenting the hospitalised baby and the demise of breast-feeding. The discussion presented here presents the theme of the intention to breastfeed 'naturally'. Within this theme the analysis identified subcategories related to the parents' intention to breastfeed, breast as natural and best, breast-feeding as a locus of bonding, past experiences and perceptions of breastfeeding, and the impact of the preterm birth on their decision to breastfeed. Each of these subcategories will be presented with the use of examples from the data and followed by a discussion.

### The intention to breastfeed

All of the women in this study intended to breastfeed their newborn preterm baby. This was a criterion for participation in the study. However, all of the participant mothers made the decision to breastfeed long before the infant's premature birth. Some mothers could not remember actually making the decision but rather remember it as something that they have always wanted to do. Bev firmly believed she was always going to breastfeed:

Well I decided, I mean I decided to breastfeed well before they, anything [pregnancy] sort of happened anyway.

Lisa always intended to breastfeed any children she had: Oh even before I was pregnant, it was just something that I knew I'd always want to do, you know, give the baby the best chance possible. I mean ... yeah, just, it's just something that I always knew that I'd want to do.

For Alison, breastfeeding was part of choosing parenthood:

I think that just came hand in hand with the decision of wanting to have a child, basically. It's, I never thought of any other choice, you know

For these parents, breastfeeding was an integral part of parenthood and of choosing and providing the best care possible for their child. Breastfeeding was a maternal role they looked forward to undertaking.

Fiona's pregnancy was unplanned and unexpected. Breastfeeding was something she had thought of negatively

in the past, but once pregnant realised it was something that she did want to do. Fiona remembered that it was not until she became pregnant that she made the conscious decision to breastfeed:

As a teenager I was thinking I don't want to breastfeed because I'll have saggy boobs and I'll get stretch marks and I didn't even want to have a baby you know because I'd get fat and look horrible. I think that all becomes pretty irrelevant when you decide to have a baby and yeah from when I found out I was pregnant and decided to keep her I knew that I would try to breastfeed her.

The fears Fiona expressed about her own body had become irrelevant once pregnant. For Fiona, breastfeeding was simply a part of having a baby, something that as a mother you do.

Infant feeding was a joint decision between parents. Participant couples discussed infant feeding options together prior to the birth. For all participants with partners it was a mutual agreement that breastfeeding would be undertaken; indeed, all of the participant fathers had some input into the decision-making process. Peter said it was an easy decision to make:

We were kind of expecting to breastfeed and it wasn't a problem with coming to that decision.

Brian was a little more adamant than Peter was that he wanted his children to be breastfed:

Oh yeah I do, because you know I was, I guess I was reading a lot of material in newspapers and books and so forth and I just sort of made sure that Bev was aware of the information I had read

Participant mothers without partners spoke of making the decision to breastfeed on their own during pregnancy. Family and friends were not spoken of as having influenced their decision to breastfeed.

The intended duration of breastfeeding of the participant mothers varied, and not all parents put a specific time duration on their breastfeeding, often in fear of feeling guilty if they did not achieve it. Sue explained:

I haven't really put a time frame on it. I've just sort of left I s'pose my mind open to how I'm going to go rather than say 'right I'm going to do it for 6 months' and then find in 3 months time that I can't cope with it or something and then put the guilt's on because I was going to do it for that long and I basically just want to do it for as long as I can and I feel comfortable with it.

Although confident in her intention to breastfeed, Bev was uncertain of the eventual outcome. She said:

Maybe anything between 6 months and a year if I could if everything went okay. Some people say it's a little bit difficult with twins and some people say it's a breeze so, yeah, I'm just going to see how we go.

Even with this duration in mind there was doubt in Bev's mind as to the duration she would achieve. During her second interview she spoke again of what she was trying to achieve.

[sigh] Ah, just keep in mind what I want to, you know, what I'm trying to achieve, I suppose. A good breastfeeding

relationship and be able to do it and to do it for 6—12 months, so ... I guess that's my aim and I just try and keep that in mind.

Whilst Bev had a duration in mind, she spoke of wanting a good breastfeeding relationship. By this she is suggesting there is more to breastfeeding than just simple nutrition, and it is not a straightforward decision and course of events. Indeed hesitation was common among study participants when asked how long they planned to breastfeed. To these mothers, success was doing 'breastfeeding'—that is, achieving the reciprocal relationship of the mother with her baby at the breast-suckling, nurturing and receiving the milk nature provides.

Parents spoke of breastfeeding as an option and not a matter of life and death for their baby. If breastfeeding did not succeed for them, then formula would and could easily prevail. As Paul explained:

If she keeps producing milk then the baby can keep having it, if she stops for some reason then, well, they've got things like formula and what not, you know.

The parents in this study were well aware of the alternative to breastfeeding. All of the parents made reference to commencing formula feeding if and when their breastfeeding ceased.

### Breast is natural and best

Throughout all of the interviews, breastfeeding was seen as something 'natural' and therefore the 'best' way to feed babies. Breast milk was considered 'natural' for the baby, breastfeeding 'natural' for the mother to do and something that will happen 'naturally'. Lisa epitomised the views of participants on what breastfeeding initially meant to them when she said 'You know, it's just such a natural experience'. All of the parents made reference to breastfeeding as being something 'natural'. As Alison succinctly put it at the very beginning of her first interview:

... [it's] just the natural thing to do. I just want to give my baby the best, so that's why the breastfeeding.

Colin, equally as open and straightforward explains:

I don't know, it's just a normal part of life, nature's way of feeding the babies, so, yeah, it's just the normal thing to do.

There was a sense from some parents that because breastfeeding was a 'natural' thing that it would just happen 'naturally'; that is, without any great effort on the mother's part. Fiona said:

I just knew I wanted to do it [breastfeeding], but I didn't kind of realise that I'd maybe have to, something that you learn how to do rather than something that just comes naturally.

With the dominant discourse of breastfeeding being the best for any baby and perhaps, more importantly, the best for a premature baby, participants found their morality was in question if they chose not to breastfeed. Paul said:

If you're responsible for that child in every way possible then you are the only people, as parents, are the only

people that can give that child what he or she needs for the best possible start in life.

Well, from my point of view, looking towards a woman's point of view, you know, it's something [breastfeeding] that a mother has to do.

Although not the 'front stage' reasons for breastfeeding, this moral imperative was nevertheless present and powerful in this early stage of their breastfeeding experience. As Sue said:

I guess you sort of think, well, you know, you read all the brochures and what-not and they say that breast milk is the best thing for your baby. So you tend to think that 'oh yes' maybe, you know, if I can't do it then maybe you're not doing the best thing for them.

Participant parents in this study expressed concerns about making the right choices for their newborn and of being good parents who made the 'right' choices and participated in the care of their baby. As Helen explains:

I think if I didn't do it, I would have felt worse, that I wasn't contributing anything to them.

The 'breast is best' and 'breastfeeding as natural' discourses put an expectation on women to perform breastfeeding as an integral part of motherhood, despite the varied situations and context they may be in.

### Breastfeeding as a locus for bonding

Throughout the transcripts there was evidence of an emotional component to the desire to breastfeed. The mothers spoke of the desire to hold their babies to the breast, to touch and caress their babies during feeding and to share the 'special' time that breastfeeding offered them. As Julie said:

I just want to cuddle them ... I think it's a contact thing. Not so much them having to suck your boob or the expressing part of it ..., if you know what I mean.

This emotional side of breastfeeding always came second to the baby-focused reasons for choosing to breastfeed. Indeed, some parents spoke of benefits of breastfeeding in the development of the mother—infant relationship. Sharon spoke of choosing breastfeeding for its ability to aid bonding:

It's always been a big thing, I suppose, for me because I've, to me it's sort of been you seem to bond a lot better with the child.

Lisa expected breastfeeding to involve bonding and closeness between her and her baby:

And I think just for that whole, which we're yet to find out, but that whole closeness and, you know, bonding and all that sort of experience as well. ... Yeah, I think it's just a really special thing. It's something that, you know, you can do for your child, why not do it. You know it's just such a natural ... experience.

For these parents there is something emotional and pleasurable about breastfeeding that they expected; a union between mother and child.

## Past experiences of breastfeeding and expressing

Four of the participant families had previous children who were all born at term and who had all been breastfed. Three mothers, Julie, Chris and Helen, breastfed their other children for more than 6 months each, while one mother—Sharon, breastfed her two older children for 1 week each. The past experiences of these mothers influenced their expectations with this pregnancy and baby, and as they were able to feed their previous babies at the breast from the day of birth, they anticipated similar experiences with their new babies. Chris said:

All but 38 weeks so [gestation of first child]. But yeah, that was just so nice just to, like she was born and then 5 min later she was on the breast and, you know, it was just so different. And you just visualise that's what's going to happen with your second one because that's how it happened with your first and it [the preterm birth] was a rude shock.

Helen was expecting twins for the second time, and, similarly, as she had no difficulties with the birth or breast-feeding with the first set of twins, she did not anticipate any problems with this twin pregnancy. She said:

... because with the other ones like even um, like within the first few hours I had one of them on my breast.

Breastfeeding was a familiar notion to the study participants. Despite some parents having no personal experience of breastfeeding, all parents knew of people with breastfeeding experiences or had read about breastfeeding. The breastfeeding experiences that participants spoke of varied immensely, but they were based on an infant suckling directly from the breast—the 'normal breastfeeding'. However, breast expression — as would be required with preterm breastfeeding — was unfamiliar to many of the participant parents. Indeed Fiona said:

Well I've always wanted to breastfeed. I just, I didn't know about expressing until after, I had no idea. I was so unprepared [chuckle]

Of the women in the study only Julie and Helen had ever performed breast expression prior to their current preterm birth. Julie's first breast expressing experience when her first born was 10 months old, proved to be a difficult task. Colin, Julie's husband, spoke of this expressing experience:

... well I know Julie's tried expressing before, but with a hand pump and that was with Mitchell our first born and that was because she wanted to have a rest from breast-feeding and she wanted me to do some of the feeding, but it didn't actually work. The hand pump was very tiresome on her hand and she found it difficult to do, so she ended up just breastfeeding all the time

During this experience, expressing was an option: one she chose not to persist with, which did not affect her ability to breastfeed. Despite her negative breast expression experience with her first child, Julie did not consider this highly in her decision to breastfeed her preterm twins, as she anticipated at-breast feeding. Helen's previous breast expression experience was also in addition to at-breast feeding. She

expressed for only a few days for her first set of twins, and this experience did not feature highly in her interviews and was 'brushed over' and deemed insignificant.

Some of the participants had heard of their friends and families expressing experiences and were keen to share their stories. Fiona's friend gave up expressing very quickly, as she found it too hard. She considered that expressing was not worth the effort and chose instead to formula feed. Sue's sister expressed for her hospitalised term baby many years ago, but that was only for a few days until the baby was discharged home. While Sharon's sister expressed for 'a couple of months' for her preterm infant, she stopped expressing and breastfeeding once the baby was discharged home. The stories of these mothers' experiences demonstrated that expressing breast milk did not guarantee at-breast feeding would be the eventual outcome. The participant parents did not dwell on the experiences of these friends and family. They spoke of them as a one-off experience and did not relate them to how their own preterm breastfeeding may eventuate.

## The preterm birth and the decision to breastfeed

None of the participant families changed their decision from breastfeeding to formula or vice versa following the preterm birth. The intention to breastfeed was questioned from a logistical point of view with having a preterm baby, but the decision was not altered. They did not see the preterm birth alone as being a sufficient reason not to breastfeed. As Julie said:

But I never thought otherwise, not to breastfeed.

Alison said:

I never thought of any other choice, you know, so unless there was a medical reason I couldn't do it, there was no other thought about it, except that's the way I want to do it.

All of the participant parents recalled discussing breastfeeding particularly with their baby's doctor and of learning how breast milk expressed for a preterm infant is specific for their gestational age. Bev found that this counselling confirmed her breastfeeding decision:

I guess I was a little bit concerned because I didn't really know much about feeding preterm babies and things like that ... and then I remember the paediatrician coming in and having a chat to him and he said that actually preterm milk is, it's still very good for them and it's probably even higher in, you know, specifically designed for them as well. Especially for preterm babies, so that made me very determined.

The doctor's advice that breast milk is the best food for the preterm baby did not convince them to breastfeed, but it did provide the encouragement to continue their intended breastfeeding efforts despite the inherent difference following preterm birth. Paul said:

I think the information we got was quite sufficient. You know, we got the major prize, it's like, you know, best for the baby, immune system and, you know, a couple of other things and that's it, that's all you need to hear.



Breastfeeding a preterm baby was not promoted to the mother as something that is easy or convenient, or good for her lifestyle, but rather that breast milk was best, and it was the milk that mattered. Indeed, breastfeeding for a premature baby was only promoted to the parents by the hospital staff for the health benefits for the preterm baby given their 'special and unique' needs, which compounded the moral imperative to breastfeed in this context and the participants' comments reflect this. As Chris said, breast milk is the best for the preterm baby 'so you have got to':

He's just so, so little and so immature. And like everyone said, all the paediatricians said, the biggest problem with premmie babies is gut problems and, you know, lung problems (...). The literature they gave us, it was really encouraging to know that the milk that you're making is for his age and you know (...) it's different to the milk you produce at term for a term baby. So that was encouraging as well, to know that he's getting the very best he can. So you've got to. Nothing against formula but, you know (...) it's the best thing for him.

Following the preterm birth, all the parents showed an eagerness and willingness to accept the medical and good parenthood discourses of breast milk as best because it is species-specific and specific to the needs of a preterm infant.

## Discussion

Parents spoke of having made their decision to breastfeed either before or early during their pregnancy with the expectation of their baby being born at term. This is consistent with the research literature that has found that women decide before pregnancy or during the first trimester the method of feeding they intend to use for their unborn child.<sup>8,12–14,16</sup>

Participant parents cited the socially acceptable and commonly advertised reason of breastfeeding being best for babies as the reason why they chose to breastfeed, along with the added medical benefits of breast milk for the preterm infant. Such additional preterm factors cited included the antibody protection, the uniqueness of breast milk for the preterm baby's needs, the better developmental outcomes and better gut tolerance. These reaffirming reasons specific to the preterm infant are intertwined with their own pre-birth reasons for breastfeeding. In the United States, mothers are being encouraged to provide breast milk for their VLBW infants regardless of their intent to at-breast

feed.<sup>36,37</sup> Whilst this is one way to improve the nutrition for these infants, it does not consider the meaning of breastfeeding for these women. Participant parents in this present study believed breastfeeding was 'natural', best for baby's health and valuable to the mother–infant relationship. For all participants there was a sense of taken-for-grantedness about their intention to breastfeed. This finding is similar to that of other Australian studies.<sup>1,25</sup>

The majority of reasons that participants cited for their intention to breastfeed focused on the health benefits for the preterm baby. Given that women were not asked their reasons for choosing to breastfeed until after the preterm birth; the baby was already the focus of their world, 'centre-stage' and commanding their attention. The hospital staff's pro-breastfeeding rhetoric placed the baby as the

centre of all decisions, and the conversations with parents is testament to this. However, there remained underlying accounts for the breastfeeding being something more than mere nutrition for the baby.

The parents shared a common background meaning of breastfeeding. The phenomenological notion of background meaning is a useful way of understanding the expectations of the participant parents regarding parenting and breastfeeding. Benner and Wrubel (p. 46) describe background meaning not as a thing or a subjective meaning in the common understanding but rather as a 'shared public understanding of what is', a way of understanding the world.<sup>38</sup> Furthermore, they explain that '[f]or the individual, background meaning is provided by the culture, subculture and family to which that person belongs' (p. 46).<sup>38</sup> For participant parents their background meaning of breastfeeding was one of being synonymous with good parenting. Breastfeeding was a taken-for-granted component of choosing to have a baby. Breastfeeding, the parents believed, is what 'good mothers' do, and if they failed to breastfeed, they were jeopardising the quality of their motherhood. The dominant narrative of good parenting as a means of self-identity overrode the medical narrative of breastmilk being superior for nutritional benefit alone. Such findings correspond with those of other Australian studies.<sup>1,25,30</sup>

Parents strongly believed in breastfeeding being 'natural' and 'best'. There is distinct disparity between the rhetoric of 'natural breastfeeding' and the context in which breastfeeding for preterm infants often takes place. Despite the pre-term birth – and the admission of the newborn to NICU and being placed on life support – these families continued to expect breastfeeding to be 'natural' and to happen 'naturally'. Notwithstanding their intent to breastfeed 'naturally' all parents commenced breastfeeding through breast expression—a most 'unnatural' way to feed an infant. This 'natural' rhetoric clashes with the technological world of the NICU where everything is dependent on technical help and requires much effort and work.

Before a baby is born, the choice between bottle-feeding and breastfeeding is a theoretical question only, and any decision made is likely to be challenged by the reality of the feeding experience.<sup>39</sup> Indeed, the day to day reality and potential difficulties of long term breast expression – as is commonplace following preterm birth – did not enter the conversations of the participant parents during their first

interview. They wanted to be good parents whatever breastfeeding involved. The decision to breastfeed was made before or early in the pregnancy, before preterm birth had occurred. Therefore doing the best for baby is a focus of their commitment as parents regardless of gestational age or their infant's prematurity at birth. They approached their breastfeeding, at this early stage, in a very idealistic fashion fostered by the pro-breastfeeding culture.

The decision to breastfeed can be seen as a choice or an obligation. When the decision to breastfeed is seen as a matter of individual choice, it is assumed a woman can make a rational, autonomous decision that takes into account her needs and desires, as well as those affected by her decision, and is free of any cultural persuasion. Therefore the infant feeding decision should be quite simply a choice between breastfeeding and formula feeding. Since it has been shown that the parents had background meaning with relation to

breastfeeding, it is clearly not possible for their infant feeding decision to be free of any cultural persuasion. Participants spoke of the pro-breastfeeding messages they received during pregnancy and following the preterm birth.

There is an element of obligation present within most of the parents' interviews and these parents felt that breastfeeding was synonymous with 'good' parenthood—a moral imperative. The slogan 'breast is best' and the discourse of 'good motherhood' dominate the context in which these parents have made their 'choices'. As Murphy explains:

The insistence that breast feeding confers unique and significant benefits upon children underpins both health policy and professional practice and is part of the context in which women decide how to feed their babies and, in turn, how they display and defend their decisions. ... However mothers decide to feed their babies, infant feeding is a highly accountable matter.<sup>40</sup> (p. 187)

Therefore it is difficult to argue that a rational, autonomous decision to breastfeed has not been influenced by the dominant culture of breastfeeding being the norm and being best for all babies. Carter (p. 69) suggests that the scientifically endorsed health/nature discourse says that breastfeeding is as 'good' for women as it is for babies and therefore there is an assumption that mothers will 'naturally' put the babies' needs before their own wishes.<sup>41</sup> The 'good mother' discourse expects a mother to prioritise her child's need above her own,<sup>42</sup> especially where this entails personal inconvenience or distress.<sup>30</sup> It is without doubt that breastfeeding decisions and experiences are complex and are structured through prevailing sociocultural meanings.<sup>32</sup> (p. 236) Nevertheless, the choice of infant feeding is an integral and complex part of parenting the newborn child, and both the mothers and the fathers in this study had an input into the breastfeeding decision.

## Conclusion

Participants in this study intended to breastfeed 'naturally'. It is without doubt that for these parents the pro-breastfeeding rhetoric is powerfully influential and thus successful in promoting breastfeeding. Breastfeeding for these parents was synonymous with good parenting, and as such place a moral imperative on their participation and success. However 'breastfeeding' in the preterm context is spoken of by hospital staff to mean anything from breast milk provision to at-breast feeding. Incongruence exists between the parents' and medical narrative of breastfeeding. This inquiry has argued that the decision to breastfeed is complex and can be understood from many perspectives. As healthcare professionals, we need to be mindful of the contexts in which we discuss and promote infant feeding ensuring women and their partners have realistic expectations about the decisions they make. There is disparity between parents' expectations of breastfeeding 'naturally' and the commonplace reality of long-term breast expression and uncertain at-breast feeding outcomes. This situation offers potential for improvement in the way health professionals promote and support parents breastfeeding preterm infants. Furthermore, these findings suggest the need for inclusion of such breastfeeding realities in midwifery education programs.

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